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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(5)

**FILED** Apr 15 1998 8:00am

Secretary of State

SHADOW BROOK CONDOMINIUM OWNER'S ASSOCIATION, IN C.										
Principal Place of Business Mailing Address								4 (1994)) 19669 KULU SININ 1980) DIYAR KINI BIDAK DIBAK DIBAK BIDIN DIBAK BIDIN DIBAK		
6710 ELLENTON-GILLETTE RD. P.O. 126 PALMETTO FL 34220-126 US US								3. Date Incorporated or Qualified  09/07/1976  4. FEI Number  59-1947686  Not Applied For		
2. Principal Place of Business 21				2a. Mailing Address 26				5. Certificate of Status Desired \$8.75 Additional Fee Required		
Suite, Apt.	#, etc.		27	Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
City & State			<b>├</b> ──	City & State				7. Is this nonprofit corporation a homeowners association?		
Zip	ip Country					ntry		8. This corporation owes or has paid the current year Intangible		
24		26	20		30			Personal Property Tax due June 30. Yes No		
	9. Name	and Address of Cu	rrent Registe	red Agent		81	Name	10. Name and Address of New Registered Agent		
						91	Name			
FREEDOM MANAGEMENT SERVICES INC 419 OLD MAIN ST						82	Street Addre	Address (P.O. Box Number is Not Acceptable)		
BRADENTON FL 34205										
						84	City	FL 85 Zip Code		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.										
SIGNATURE .	Signature, typed	or printed name of registered	agent and title if s	pplicable. (NO	E: Registere	i Age	nt signature require	ed when reinstaling) DATE		
12.		OFFICERS	AND DIRECT		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	#			DELETE	1.1 TI	TLE	1 🗶	harmon of Board Sirate Maddition		
NAME	***************************************			120			ما	71d Ellenton Gillette #177		
STREET ADDRESS								· • • • • • • • • • • • • • • • • • • •		
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CITY-ST-ZIP	PALME		- NO WILL				PA	Almetto, F1 84221		
TITLE	PD	TOTE		DELETE	3.1 70			NO.		
NAME		AN, CLIFF			3.2 N		IR.	App. William Gillette #13		
STREET ADDRESS						REET	ADDRESS 6 2	NO Ellouton. Gillette #13		
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TITLE	TD			☐ DELETE	4,1 11	TLE	7	Dollhake Elizabeth 241 710 Ellenton. Gillette. 34.mettu, Fl 34.221		
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NAME	RAPP, \				5.2 N		12/	nillips Phylhs no Ellerson, Gillette #179		
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CITY-ST-ZIP	PALMET	IU FL		T Act con	5.4 CI			Almosto F1 38221		
TITLE	D	5 PHRA165		☐ DELETE	6.1 TI		3	Change DCAddition		
NAME		S, PHYLUS Lengton on Lengt	' DD #436		62 N		A PORTOR	ward Lee 210 Ellenton-Gillette # 36		
STREET ADDRESS		LENTON-GILLETTE	: KU #1/9					PALM PHO F/3422/		
CITY-ST-ZIP	PALMET	IU PL			6.4 CI	17-S	1-ZIP	NUMEROFO FIUY Z-LI		

I hereby certify that the Information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

941-728-547